04/20/05 ACCESS

## MEDICARE CURRENT BENEFICIARY SURVEY

Facility Identification

RIC: 7
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Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

This file provides general characteristics of the institutions, most of the information coming from the facility screener. Sometimes, more than one sample person resided in the same facility. In these cases the RIC 7 records are redundant (containing all of the same information), and differ

					person interviewed in a facility.
RIC	1	2		C	Record Identification Code
VERSION	3	1		C	Version Number
BASEID	4	8	\$BSIDFMT	C	Unique SP Identification Number
			1,276		BASEID Count
FACILID	12	6	\$FIDFMT		Facility ID
			1,276 Note: Randomly-ass		FACILID Count
			Note: Randomity ass	igilea ilambei	
NHSTAT	18	2	NHSTFMT	N	Nursing home status flag
			15	0	Not meetNH
			1,085		Meets-not par probs
			126		Meets-MR
			33		Meets-mentally ill
			0 4		Meets-deaf or blind Meets-phys handi
			1		Meets unwed moms, etc
			8		Meets-some oth group
			0		Meets-no part group
			4		Unable to determine
			Note: Derived		
FACOWNED	20	2	OWNDES	FQ1 N	Description of Ownership of facility
			762	1	Proprietary
			347	2	Private non-profit
			78		City/county government
			81		State government
			8		Veterans Administration
			0		Other federal agency
			0		Other, specify
FACDISC	22	2	FACFMT		Facility description
			8		Hospital
			912		Nursing home
			25 43		Retirement home Domiciliary/personal care facility
			33		Mental health facility
			90		Inst for mentally retarded/devel disab
			5		Mental health center
			26		Life care/continuing care
			83		Assisted living facility
			10		Rehabilitation facility
			41	91	Other place, specify

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Version: 2 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label FACDIOS 24 2 FACDFMT FQ2 N Facility description - other specified 1,235 . Inapplicable 1 Adult hostel 4 10 2 Adult foster care Ω 3 Hospice 4 4 Residential care 5 Extended care facility 1 6 Independent living 7 Group home for the mentally ill 0 8 Shelter care 0 9 Family care/foster 0 10 Nursing home/personal care facility 11 11 Nursing home/rehab facility 12 Assisted living Ω 13 Retirement home/assisted living facility 0 14 Psychiatric hospital 15 Adult Congregate Living Facility 1 0 16 NH / domiciliary / assisted living 0 17 Community-based living facility 0 18 Group home for emotionally disturbed 19 Residential care 2 20 Group home 21 Pediatric long-term care facility 22 Nursing home / assisted living 1 Ω 23 Mental health / ment ret / dev disabled 24 Nursing home/assisted 1 Ω 25 Nursing home / retirement home / dev dis 26 Nursing home / retirement home Ω 27 Domiciliary/assisted 0 28 Nursing home / personal care facility 0 29 Residential health care 30 Family care 0 31 Nursing home / life care facility 32 Nursing home / medical center 0 33 ON LOK (PACE provider) 1 Ω 34 Convalescent hospital 35 Rest home and protective care Ω 36 Residential shelter care Ω 37 Inst for MR / dev disabled / rest home 38 Rest home 0 39 Nursing home / life care / rehab Ω 40 Nursing home / personal care / rehab 0 0 41 Hospital / retirement home 0 42 Nursing home / retirement home / rehab 43 Nursing home / hospice 0 44 Nursing home / assisted living facility 0 45 Dev residential facility for deaf 0 46 Retirement home / personal care 47 Personal care / mental health Ω 48 Mental health / assisted living 49 NH: institution for MR / dev disabled 50 Nursing home / personal care 1 51 Retirement home / assisted living 0 52 Private home 53 NH /retirement home / assisted living 54 Inst for MR / dev disabled / mental heal 0 0 55 Mental health / rehab 0 56 Hospital / nursing home 57 Assisted living and residential care 58 Retirement and board and care facility 1 59 Home and community based services Ω 60 Adult foster care/group home mentally il 61 Senior center P.A.C.E.

04/20/05 ACCESS 1996					<b>CURRENT B</b> I		. s	URVEY	RIC: Page: Version:	<b>7</b> 3 2
				Frequency				ariable Type & Label		
				0			62	SLS-supported living services		
			Note: Ap	plies only	if FACDIS	SC = 91.				
FACLONGT	26	2	YES2FMT			FQ3	N	Does facility provide long te	rm care?	
				1,262 14				Yes No		
				14			_	NO		
FACLTBED	28	3	BEDFMT			FQ5	N	Number of long term beds only		
				14				Question not asked; assumed t	o be zero	
				1				Not ascertained		
				2 1				Don't know Refused		
				0				No beds of this type		
				1,258				Number of beds		
FACTOBED	31	3	BED2FMT			FQ6	N	Total number of beds in facil	ity	
				4			-8	Don't know		
				1				Refused		
				15		9		# beds > 995		
				1,256				Number of beds		
PROVLEVL	34	2	YES2FMT			FQ17	N	Facil provides different leve	ls of care	e?
				1				Not ascertained		
				764				Yes		
				511			2	No		
LEVLSKIL	36	2	YES2FMT			FQ17	N	Does facility provide skilled	care?	
				512				Missing		
				650				Yes		
				114			2	No		
LEVLINTR	38	2	YES2FMT			FQ8	N	Does facility provide interme	diate care	e?
				512				Missing		
				593				Yes		
				171			2	No		
LEVLOTH1	40	2	YES1FMT			FQ17	N	Facility provide other level	of care #3	1?
				512				Inapplicable		
				332				Yes		
				432			2	No		

Note: Applies only if PROVLEVL = 1

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								ariable Type & Label		
LEVLOTS1								Other level of care #1 - other	er specifi	ed
				944				Inapplicable		
				17			1	Light		
				12			2	Heavy		
				25			3	Custodial		
				13			4	Alzheimers		
				12			5	Minimum		
				0			-	Moderate		
				1				Maximum		
				3				Specialized Care		
				4				Intensive		
				1				Heavy intensive care		
				1				Extensive care		
				0				Retarded		
				0				Retarded, extra care		
				17				Personal care, total		
				0				Behavioral		
				2				Developmentally disabled		
				1				Mentally ill & homeless		
				0				Complex care ISNF		
				0				Closely monitored		
				0				ADL assistance		
				0				Profound mental retardation		
				0				Mild mental retardation		
				0				Severe mental retardation		
				0				Specialized dementia		
				181				Not specific		
				42			96	State specific		
			Note: Fi	rst availa	ble in 19	93				
LEVLOTH2	44	2	YES1FMT			FQ17	N	Facility provide other level	of care #	2?

. Inapplicable 1 Yes 2 No

Note: Applies only if PROVLEVL = 1

512 67 697

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Variable Col Len Forma			Variable Type & Label		
LEVLOTS2 46 2 LEVLO	TFT	FQ17	N Other level of care #2 - othe	r specifie	ed.
	1,209  1 1 3 11 2 19 0 0 0 1 1 1 0 0 0 0 0 0 1 1 1 0 0 0 1 1 1 0 0 0 1 1 1 1 0 0 0 1 1 1 1 0 0 0 0 1 1 1 1 0 0 0 0 1 1 1 1 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1 0	1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 3	. Inapplicable 1 Light 2 Heavy 3 Custodial 4 Alzheimers 5 Minimum 6 Moderate 7 Maximum 8 Specialized Care 9 Intensive 10 Heavy intensive care 11 Extensive care 12 Retarded 13 Retarded, extra care 14 Personal care, total 15 Behavioral 16 Developmentally disabled 17 Mentally ill & homeless 18 Complex care ISNF 19 Closely monitored 20 ADL assistance 21 Profound mental retardation 22 Mild mental retardation 23 Severe mental retardation 24 Specialized dementia 25 Not specific 26 State specific		
Note:	First available in 19	93			
LEVLOTH3 48 2 YES1F	TMT 512 24 740	FQ17	N Facility provide other level . Inapplicable 1 Yes 2 No	of care #3	1?

Note: Applies only if PROVLEVL = 1

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1996				racition			Versi	ion: 2
Variable							Variable Type & Label	
LEVLOTS3	50	2	LEVLOTFT			FQ17	N Other level of care #3 - other spec	ified
				1,252			. Inapplicable	
				, 0			1 Light	
				9			2 Heavy	
				0			3 Custodial	
				2			4 Alzheimers	
				0			5 Minimum	
				1			6 Moderate	
				12			7 Maximum	
				0			8 Specialized Care	
				0			9 Intensive	
				0			10 Heavy intensive care	
				0			11 Extensive care	
				0			12 Retarded outro gara	
				0			13 Retarded, extra care 14 Personal care, total	
				0			15 Behavioral	
				0			16 Developmentally disabled	
				0			17 Mentally ill & homeless	
				0			18 Complex care ISNF	
				0			19 Closely monitored	
				0			20 ADL assistance	
				0			21 Profound mental retardation	
				0			22 Mild mental retardation	
				0			23 Severe mental retardation	
				0			24 Specialized dementia	
				0			95 Not specific	
				0			96 State specific	
			Note: Fi	rst availa	ole in 199	93		
SNFBEDN	52	3	BEDFMT			FQ8	N Number of SNF beds - Medicare certi	.fied
				496			. Question not asked; assumed to be z	zero
				5			-8 Don't know	
				0			0 No beds of this type	
				775			Number of beds	
MCDSNFN	55	3	BEDFMT			FQ10	N Number of SNF beds - Medicaid certi	fied
				319			. Question not asked; assumed to be z	ero
				2			-8 Don't know	
				0			0 No beds of this type	
				955			Number of beds	
MCDICFN	58	3	BEDFMT			FQ12	N # of Mcaid-cert ICF beds, excl ICF-	-MR
				1,276			. Question not asked; assumed to be z	ero
				0			0 No beds of this type	
			Note: App	plies only	if facil:	ity has no	o beds certified by Medicare or Medicai	.d
MCDICFMR	61	3	BEDFMT			FQ13	N Number of ICF/MR beds	
				1,180			. Question not asked; assumed to be z	ero
				1			-8 Don't know	
				2			0 No beds of this type	
				93			Number of beds	

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Variable	Col	Len		Frequency			Variable Type & Label	
CERTBEDS	64	3	BEDFMT			FQ14	N Number of uncertified beds	
				1,128 1 0 147			. Question not asked; assumed t -8 Don't know 0 No beds of this type Number of beds	o be zero
			Note: De	rived s	um of MNO	RBED, OLTCI	BED, and NLTCBEDS	
PRIMDEAF	67	2	YES2FMT			FQ20	N Does facility primarily serve	e deaf?
				20 1,256			1 Yes 2 No	
PRIMBLND	69	2	YES2FMT			FQ20	N Does facility primarily serve	blind?
				25 1,251			1 Yes 2 No	
PRIMUWED	71	2	YES2FMT			FQ20	N Facility primarily serves unv	ved mothers?
				1 1,275			1 Yes 2 No	
PRIMABUS	73	2	YES2FMT			FQ20	N Facil prim serves alcohol/dru	ıg abusers
				19 1,257			1 Yes 2 No	
PRIMORPH	75	2	YES2FMT			FQ20	N Facility primarily serve orph	nans/depend?
				1 1,275			1 Yes 2 No	
PRIMMDEF	77	2	YES2FMT			FQ20	N Facil primarily serve mentall	ly ill/deaf?
				5 1,271			1 Yes 2 No	
PRIMMENT	79	2	YES2FMT			FQ20	N Facil primarily serve mental	ly ill only?
				43 1,233			1 Yes 2 No	
PRIMMEDD	81	2	YES2FMT			FQ20	N Facil prim serve ment ret/dev	disabled?
				122 1,154			1 Yes 2 No	
PRIMMIMR	83	2	YES2FMT			FQ20	N Facil prim serve ment ret/mer	ıtal ill?
				59 1,217			1 Yes 2 No	
PRIMGERI	85	2	YES2FMT			FQ20	N Does facility primarily serve	geriatric?
				1,006 270			1 Yes 2 No	

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label	
PRIMNEUR	87	2	YES2FMT			FQ20	N Facil prim serve neuro/phys handicapped	ed?
				61 1,215			1 Yes 2 No	
PRIMOTHR	89	2	YES2FMT			FQ20	N Facil primarily serves some other group	ıp?
				24 1,252			1 Yes 2 No	
PRIMOS	91	2				FQ20	N Facil prim serve other group, specify	
PRIMGRP	93	2	YES2FMT			FQ20	N Facility primarily serve no primary gr	p?
				90 1,186			1 Yes 2 No	
ROOMCARE	95	2	YES2FMT			FQ21a	N Facility provide nursing/medical care?	,
				5 1,175		-	-9 Not ascertained 1 Yes	
				96			2 No	_
SUPRVMED	97	2	YES2FMT	-			N Facil supervises self-administered meds	ls?
				1 2			-9 Not ascertained -8 Don't know	
				933 340			1 Yes 2 No	
FHLPBATH	99	2	YES2FMT			FQ21c	N Does facility provide help w/bathing?	
				5			-9 Not ascertained	
				1 1,247		•	-8 Don't know 1 Yes	
				23			2 No	
FHLPDRES	101	2	YES2FMT			FQ21d	N Does facility provide help w/dressing?	,
				5 1,241		•	-9 Not ascertained 1 Yes	
				30			2 No	
FHLPSHOP	103	2	YES2FMT			FQ21e	N Does facility provide help w/shopping?	>
				5			-9 Not ascertained	
				1,254 17			1 Yes 2 No	
FHLPWALK	105	2	YES2FMT			FQ21f	N Does facility provide help w/walking?	
				5			-9 Not ascertained	
				1,225 46			1 Yes 2 No	
FHLPEAT	107	2	YES2FMT			FQ21g	N Does facility provide help w/eating?	
				1 200			-9 Not ascertained	
				1,206 65			1 Yes 2 No	

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Variable	Col		Format Fre				Variable Type & Label	
FHLPCOMM	109	2	YES2FMT			FQ21h	N Does facil provide he	elp w/communication?
				5 1 1,235 35			-9 Not ascertained -8 Don't know 1 Yes 2 No	
FHLPNURS	111	2	YES2FMT			FQ22	N Does facil provide 24	4-hour nursing care?
				1,265 11			1 Yes 2 No	
SPIDCNT	113	2	SPFMT				N Number of SPs in fac:	ility
		I	Notes: Detern First				1 One sample person 2 Two sample people 3 Three sample people 4 Four sample people 5 Five sample people 6 Six sample people 7 Seven sample people 8 Eight sample people 9 Nine sample people 10 Ten sample people records.	
NORATE	115	2	NORTFMT			FQ18	N Reason for no rates	
				1,267 5 1 1 2			. Inapplicable 1 VA 2 State funded 3 Capitated 4 Convent	

Note: First available in 1992